Influenza Incidence Surveillance Project (IISP)

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What is IISP?

- CDC/CSTE project
- Project ongoing in US since 2009-2010 season
 - (since 2011-2012 season in Texas)
- Data reporting:
 - Providers report weekly on total number of patients seen by age group and number of patients with ILI by age group
- Laboratory testing:
 - Specimens collected on the first 10 patients seen with ILI each week by each provider
 - Specimens tested for influenza and other respiratory viruses



About the Project

- The Influenza Incidence Surveillance Project (IISP) monitors the age-specific incidence of medically attended influenza-like illness (ILI) and influenza-associated ILI.
- Texas is one of 12 participating sites nationwide working with CDC and CSTE.
- This surveillance project seeks to determine locality-specific weekly incidence of ILI and lab confirmed influenza and other respiratory viruses among persons seeking medical care for ILI.

Eligibility to Participate

 5 – 6 providers / clinics in Texas are eligible to participate

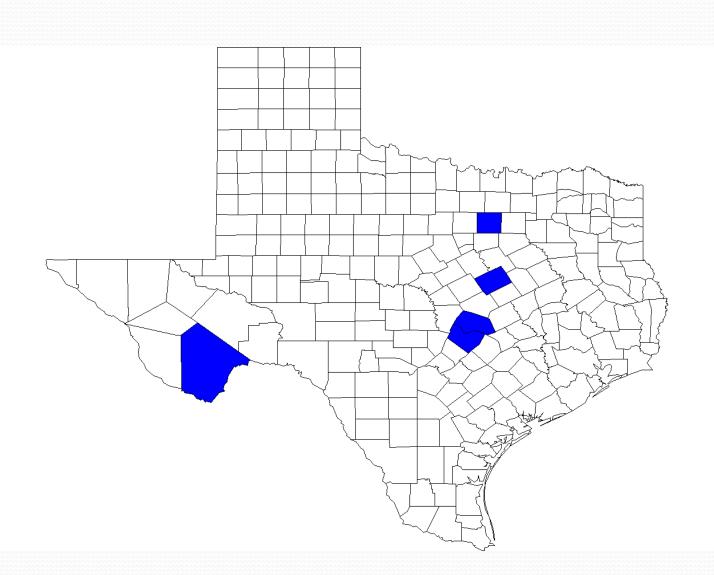
- Providers must
 - Be of moderate size (see 100 -150 patients a week)
 - Meet ILINet provider type requirements
 - Be willing to report ILI and total patients seen by age group every week
 - Be willing to collect NP specimens on up to 10 patients a week

How are Providers Recruited?

- First year providers were selected based on ILINet performance
- Local health departments were enlisted to assist with provider follow-up and recruitment of new providers as needed

Second year recruitment is being done by local health departments

Where are Providers Located?



ILINet versus IISP

- ILINet
 - > 10 years
 - ILI only
 - No limits on # of participants
 - Optional specimen collection

- IISP
 - Starting 2nd year
 - ILI, flu and other RVs
 - Limited # of participants
 - Specimens on 1st 10 ILI patients

ILINet versus IISP continued

- ILINet
 - Reporting via web portal
 - Report ILI patients by age group

 Don't count people with a diagnosis other than ILI/Flu

- IISP
 - Reporting via fax / email
 - Report total patient visits by age group in addition to ILI patients by age group
 - Count anyone with ILI even if positive for RSV, Strep throat or other illness
 - Self report of fever ok

IISP ILI Case Definitions

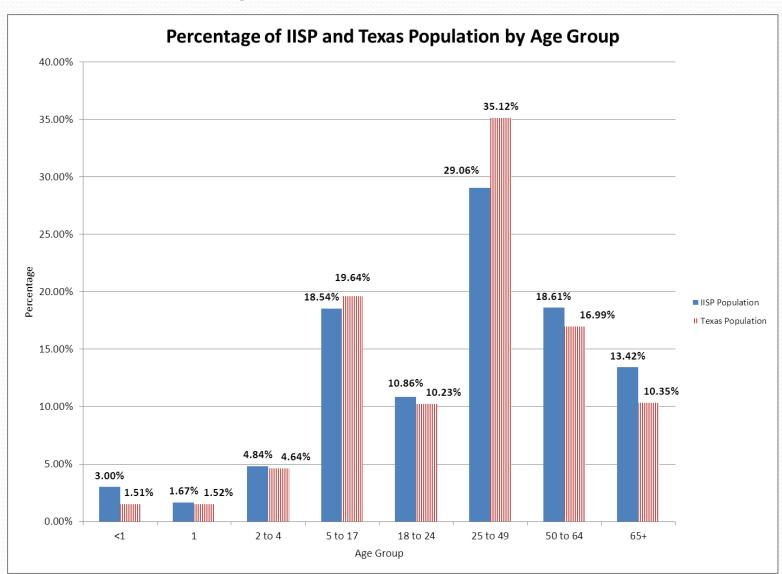
- Influenza-like Illness (ILI)
 - Children < 2 years: Onset in the past 4 days of fever and at least one of the following: rhinorrhea, nasal congestion, sore throat, or cough.
 - Patients ≥ 2 years old: Onset in the past 4 days of fever with a cough and/or with a sore throat.

^{*}Fever may be self reported by patient or recorded in-office

Data Collected

- Population data
 - Beginning of project year
- Aggregate data
 - Weekly
- Patient level data
 - All submitted specimens

Patient Population



ILI Data

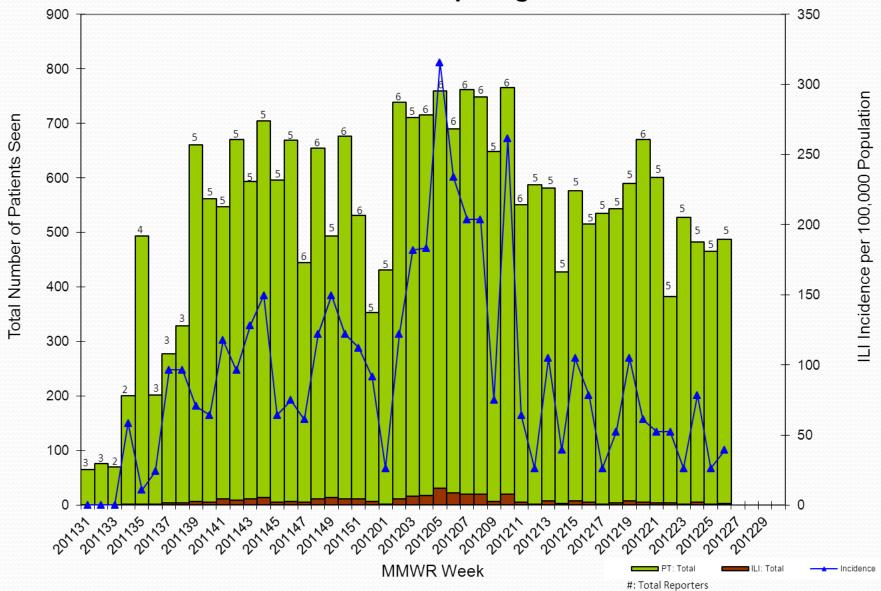
- Similar to ILINet
- Reports due every Tuesday by noon
- Submitted by fax or email

FACSIMILE TRANSMITTAL SHEET

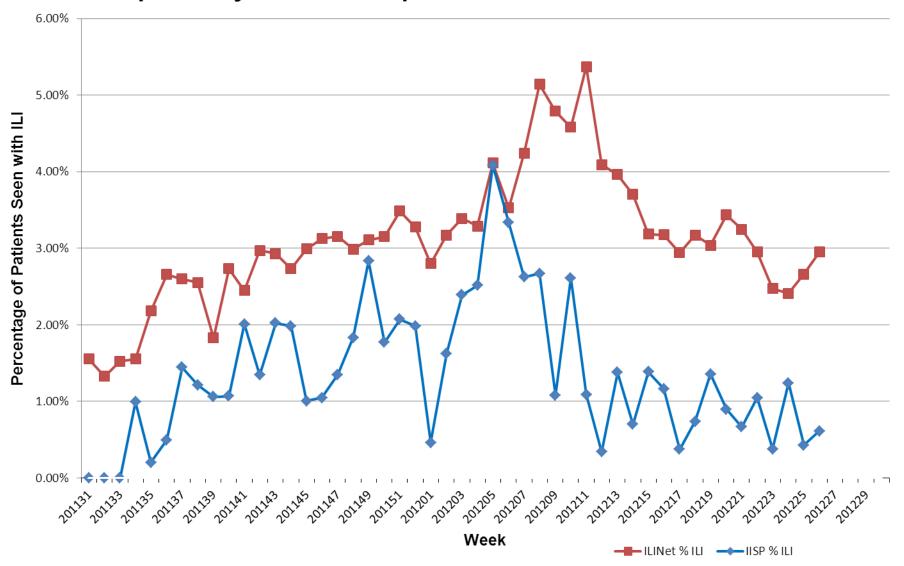
	To	: Irene	Irene Brown - Influenza Surveillance - Texas Department of State Health Services										
	Fax Number				_								
	Date	e:	/	′ -		Pages, in	duding Co	ver Sheet:	1				
	Re	e: <u>Influe</u>	nza-like Ilb	ness Weekly	/ Report								
•	Influenza Incidence Surveillance Project July 31, 2011- July 28, 2012 Weekly ILI Report												
			Clinic Name:										
	Report for the 7-day period ending on Saturday://												
			Total Patient Visits for Any Reason (Sunday through Saturday)										
	Age (yrs)	∢l	1 (12-23 months)	2-4	5-17	18-24	25-49	50-64	≥65				
	#of patients seen		·										
+	Number of Patients Seen with ILI (Sunday through Saturday)												
	Age (yrs)	<1	1 (12-23 months)	2-4	5-17	18-24	25-49	50-64	≥65				
	#of patients with ILI		,										
	If known, how many nasopharyngeal specimens were collected and shipped to DSHS?												
	Influenza-like illness (ILI) definition: Patients ≥ 2 years old: Onset in the past 4 days of fever with a cough and/or with a sore throat Children < 2 years: Onset in the past 4 days of fever AND at least one of the following: thinorrhea, nasal congestion, sore throat, or cough.												
Please email report to flutexas@dshs.state.tx.us , complete the report online at www.whateverthelinkis.com or fax if to 512-458-7616 (no cover sheet needed) by noon Tuesday. Thank you!													



Visits to Texas IISP Participating Providers: 2011 - 2012



Percentage of Patient Visits Due to Influenza-Like Illness Reported by Texas Participants in ILINet and IISP: 2011-2012

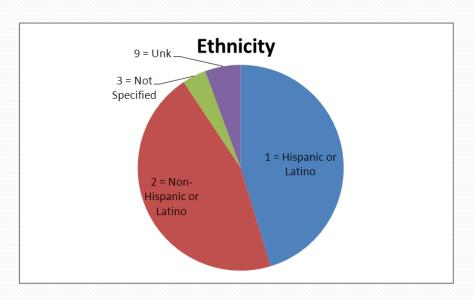


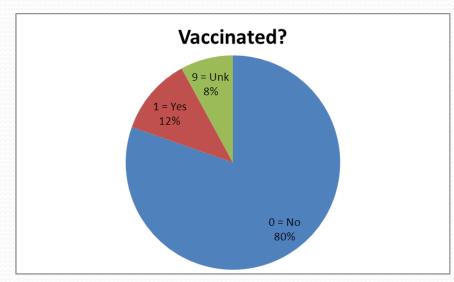
Patient Level Data

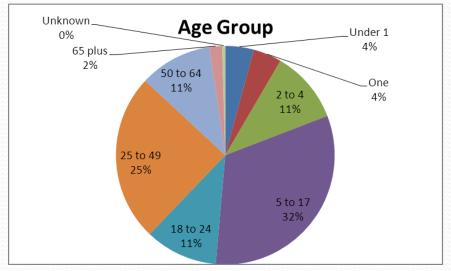
Basic demographics and diagnosis plus

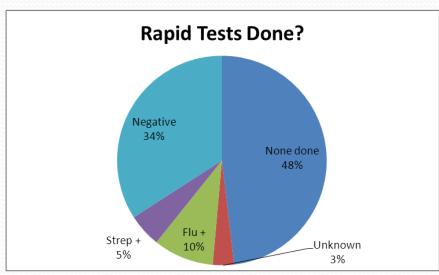
Section 3. IISP ADDITIONAL INFORMATION¤										
Did the patient receive antivirals for this illness? 💌 🔲 Yes 🔲 No 🔲 Unknow										
Did the patient receive the 2011-12 influenza vaccine at least 2 weeks prior to illness?**										
Influenza rapid test result: 🛪 🔲 Flu A 🔲 Flu B 🔲 Flu A/B 🔲 Negative 🔲 Not done×										
Strep rapid test result:* Positive Negative Not done*										
RSV rapid test result:* Positive Negative Not done*										
Other Rapid test, Specify: *										
Symptoms within that past 4 days (check all that apply):×										
Fever×		■ Cough*	🔲 Myalgia) ×	☐ Ear Ache×					
Sore Thro	pat≋	Rhinorrhea×	Nasal Congestion		Anorexia ×					
☐ Chills×		☐ Malaise/Fatigue×	■ Vomiting*		☐ Diarrhea×					
Abdomina 🔲	al Pain¤		338	_	×					
☐ Other:×	×									
☐ Other:×	**									
Other:×	**									

Patient Data







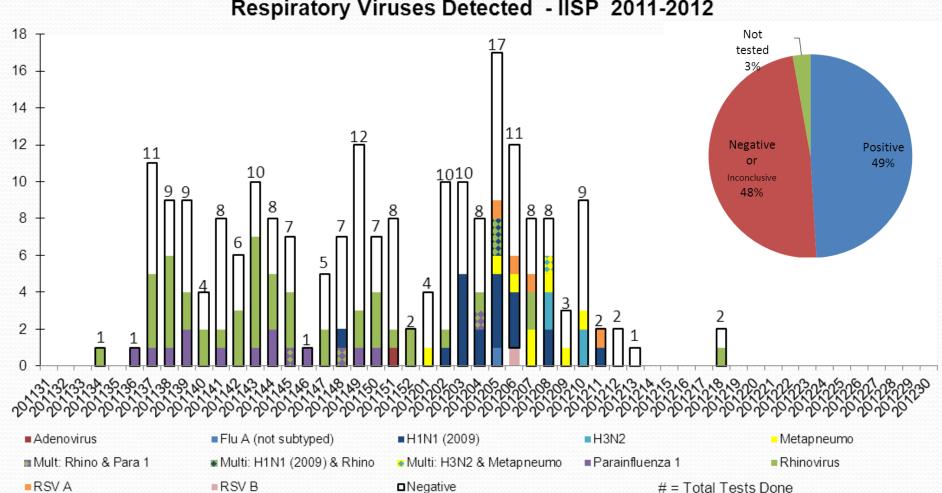


Specimen Testing

- PCR testing for influenza A and B.
 - Specimens positive for influenza A are subtyped for A(H₁), A(H₃), and 2009 A(H₁N₁).
- Specimens that are negative for influenza are tested using a respiratory panel designed to detect:
 - rhinovirus
 - adenovirus
 - respiratory syncytial virus parainfluenza viruses 1-3 (RSV)
- human metapneumovirus (HMPV)

Circulating Pathogens

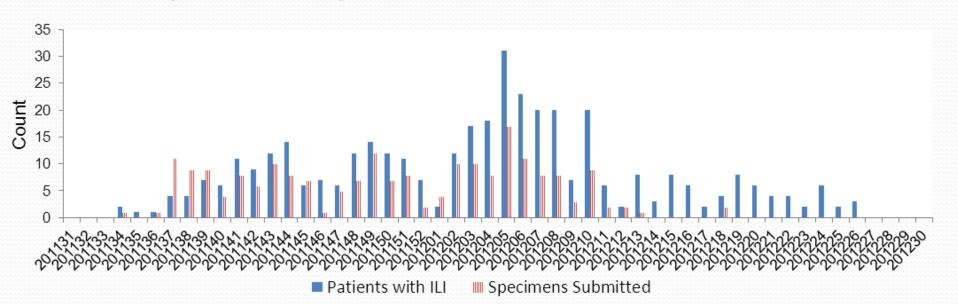




Project Status

- Reports submitted by all providers 50% of weeks and by all but one provider on and additional 44% of weeks
- Specimens submitted for 54.95% of patients with ILI

Reported ILI and Specimens Collected - All IISP Sites 2011-2012



Lessons Learned

- Recruit clinics not single providers
- Fax or email preferred to web link
- Routine follow up helps with consistency
- Training providers is beneficial
- Good to verify the data

Project Year 2

- Starts at the beginning of August
- Currently confirming which providers are staying
- We are looking for 1 2 more sites in new counties

Questions?